

VETERAN'S ADMINISTRATION VERIFICATION

DATE: _____ RE: _____
TO: _____

Claim No. _____
Serial No. _____
Date of Birth _____

You are hereby authorized to furnish all information requested on this inquiry.

Signed _____ Date _____

1. Periods of active Duty: From _____ To _____
2. Compensation (**Service Connected**): Disability _____ Death _____
Dependency & Indemnity _____
Pension (**Non-service Connected**): Disability _____ Death _____
Effective Date of Current Award: _____
Monthly Award Amount: \$ _____
3. Other Payments (**Monthly Insurance, Etc.**) _____
Monthly Amount: \$ _____
4. Changes: If any change is contemplated, check here () and explain on reverse side.
5. Remarks: _____

VETERAN'S ADMINISTRATION CENTER

By _____ Date: _____

Title _____

PLEASE RETURN TO: